

ACCOUNT OPENING FORM - CORPORATE

Application Date

Branch/ Department

1: Please complete in BLOCK LETTERS & tick where appropriate

2: Please disregard whichever is not appropriate

- Limited Company/ Partnership
 Sole Proprietorship
 Global Business/ Trust
 Societe/ Club/ Association
 Others Please Specify

A. BUSINESS CUSTOMER INFORMATION

Business Registered Name

.....

Trade Name (if applicable)

.....

Nature of Business

.....

VAT No

.....

Global Business License No

.....

Business Registration No (BRN)

.....

Registration Date

.....

Certificate of Incorporation No

.....

Date of Incorporation

.....

Country of Incorporation

.....

Registered Address

.....

Mailing Address

.....

.....

.....

Phone

Fax

Email Address

.....

Website

.....

Is the company a Subsidiary/ Associate of another organisation?

Yes No

If yes, please provide details below

Subsidiary of

Associate of

.....

.....

(i.e owned more than 50%)

(i.e owned between 20% - 50%)

List of countries where subsidiaries/ associates are located

.....

.....

Geographic area

.....

Does the company have accounts with other banks or financial institution? Yes No

If yes, enter details here

Bank Name

Bank Address

.....

.....

B. ACCOUNT OPENING

Type of Account required

Current Account Fixed Deposit Other

Currency

MUR USD EURO GBP Others (please specify)

Cheque book order (for Current Account in MUR only)

Please supply us with cheque book(s) of

25 sheets 50 sheets 100 sheets

to be collected at branch

by (Name)

(Identification)

Statement Delivery

Post E-statement

Mailing address

Email address

C. STATEMENT OF AFFAIRS

Please complete this section if you are unable to provide us with your latest accounts.

CAPITAL INVESTED

What amount of capital has been/will be invested?

Please state source of funds:

EXPECTED TURNOVER

What is the business' annual turnover likely to be?

EXPECTED EXPENDITURE

What is the business' annual expenditure likely to be?

D. CONTACT DETAILS

First Contact

Second Contact

Contact Name

Job Title

Method of Contact

Telephone

Fax

Mobile

Email Address

E. CALL BACK DETAILS (if different from above)

First Contact

Second Contact

Contact Name

Job Title

Method of Contact

Telephone

Fax

Mobile

Email Address

Security Questions:

First Contact

Second Contact

Security Code
(Maximum 8 characters)

.....

.....

Name of your
Primary School

.....

.....

F. PROFESSIONAL ADVISORS DETAILS

Accountants

Auditors

Name

.....

.....

Address

.....

.....

Contact Name

.....

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Telephone

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.....

Fax

.....

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Mobile

.....

.....

Email Address

.....

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Lawyers

Management Company

Name

.....

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Address

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Contact Name

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Telephone

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Fax

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Mobile

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Email Address

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G. BUSINESS OFFICIALS

Please provide details of all officials as follows:

- All Directors
- All Shareholders / Beneficial Owners with a holding of 20% or more
- All Authorised Signatories

Authorised person on the
appointment of Bankers form
(Please tick)

Name

Position held

% Shareholding

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Where shareholders/ beneficial owners with a holding of 20% or more are companies/ entities, please provide details as follows:

Full Name of Entity	Country of Incorporation	Nature of Business	% of Ownership
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>
.....	<input type="checkbox"/>

Personal Details For Official

This section is to be completed for all individuals identified in the previous pages

	1	2
Cust ID (Bank Use)
Surname
Name
Maiden Name
Nationality
ID Type
ID No
Date of Issue
Date of Expiry
Date of Birth
Place of Birth
Marital Status
Residential Address
Mailing Address
Telephone
Fax
Mobile
Email Address
Profession
Position Held

Cust ID (Bank Use)

Surname

Name

Maiden Name

Nationality

ID Type

ID No

Date of Issue

Date of Expiry

Date of Birth

Place of Birth

Marital Status

Residential Address

Mailing Address

Telephone

Fax

Mobile

Email Address

Profession

Position Held

Cust ID (Bank Use)

Surname

Name

Maiden Name

Nationality

ID Type

ID No

Date of Issue

Date of Expiry

Date of Birth

Place of Birth

Marital Status

Residential Address

Mailing Address

Telephone

Fax

Mobile

Email Address

Profession

Position Held

H. COMPANY DECLARATION

Please accept this as the company's authority to divulge any information requested by our professional advisors as detailed in part E. This authority is to remain in force until cancelled in writing. Any changes to the details of our professional advisors will be notified to you immediately.

We are aware that a copy of the tariff brochure and the code of Banking Practice are available at the bank for our perusal. In addition, there are other specific terms and conditions applicable to particular types of account. Copies of such terms and conditions are available at the bank.

We are aware that following the enforcement of the Financial Intelligence and Anti-Money Laundering Act 2002, financial institutions must take such measures as are reasonably necessary to ensure that neither they nor any services offered by them are capable of being used by a person to commit or to facilitate the commission of a laundering offence. As such, we certify that the money remitted to this account is not the proceeds of any economic crime or money laundering activity.

We confirm that the information given is true and complete. We authorise you to make any search or other enquiries in accordance with your normal procedures in connection with this application.

We are fully aware that our personal data and information, submitted to ABC Banking Corporation Ltd, relating to our dealings with the banking services, will be delivered, handled and stored by a service provider and the bank assures its customers that section 64 of the Banking Act 2004, with respect to Confidentiality will be complied with in the process.

Declaration made on behalf of

Signatures

Name
.....

ID/Passport No
.....

Signature

Name
.....

ID/Passport No
.....

Signature

Name
.....

ID/Passport No
.....

Signature

Name
.....

ID/Passport No
.....

Signature

Office Use Only

CIF
.....

BOM Sector
.....

Customer Risk Category
.....

ISIC Code Finance
.....

Completed by
.....

Processed by
.....

Verified by
.....

IBAN
.....

BOM Sub-sector
.....

Relationship Manager
.....

ISIC Code Risk
.....

Signature
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Signature
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Signature
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Account No
.....

Liability Code
.....

Date
.....

Date
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Date
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APPOINTMENT OF BANKERS & MANDATE TO BANK

At a meeting of the Board of Directors of whose registered office is at held the day of

It was resolved that:

- 1. ABC Banking Corporation Ltd be appointed as banker for the company.
- 2. The company opens bank accounts as and when required with ABC Banking Corporation Ltd.
- 3. The signatories named below and in the combination specified below be authorised to sign all cheques, negotiate instruments, deeds and any other instruments on behalf of the company.

Name	ID/Passport No	Position	Specimen Signature
.....
.....
.....
.....
.....

Mode of Operation

- Any one of the above
 Any two of the above
 Specify any other combination

Certified a true copy Resolution of the Board of Directors



Date

Company Secretary/ Authorised Signatory
(Signature and seal of company)

I*/We*/the Company* hereby authorise(s) the Bank to act on the Instructions which the Bank reasonably believes to emanate from me*/us*/the Company* and the Bank shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals. The Bank may decline or delay acting on any message for any reason - ambiguous messages, incomplete messages, lack of funds, or for any other reason not specified herein.

I*/We*/the Company* agree(s) that the Bank shall not be under any duty to verify the identity of the person or persons giving Instructions purportedly in my*/our*/the Company's* name and any transaction made pursuant to Instructions shall be binding upon me*/us*/the Company* whether made with or without my*/our*/the Company's* authority, knowledge or consent;

I*/We*/the Company* hereby agree(s) that the Bank may act on any message provided by me*/us*/the Company*, or purported to be provided by me*/us*/the Company* and such message will be binding on me*/us*/the Company* without confirmation by the Bank. The death or winding up of any one of the undersigned shall not invalidate this indemnity and it is understood that this indemnity cannot be revoked without the consent of the Bank.

** delete as appropriate*

Made and Executed on the day of

Signature

Signature

Name
.....

Name
.....

Seal of Company

